

# Summary of Dental Benefits

All plans offered and underwritten by Kaiser Foundation Health Plan of the Northwest, 500 NE Multnomah St., Suite 100, Portland, OR 97232

## Oregon Deductible PLAN ED

1/1/2025 - 12/31/2025

### Benefit Maximum per Calendar Year

Per Member per Year	\$2,000
---------------------	---------

	<b>You pay</b>
--	----------------

<b>Dental Office Visit Charge</b> – per visit, plus any Cost Share shown below for specific Services	\$0 / \$5 / \$10 / \$15 / \$20
--	--------------------------------

### Deductible (Per Calendar Year; applies to all services unless otherwise indicated)

For one Member per Year	\$25 / \$50 / \$75 / \$100
-------------------------	----------------------------

For an entire Family per Year	\$75 / \$150 / \$225 / \$300
-------------------------------	------------------------------

### Preventive and Diagnostic Services (Not subject to or counted toward the Deductible or Benefit Maximum)

Oral exam	\$0
-----------	-----

X-rays	\$0
--------	-----

Teeth cleaning	\$0
----------------	-----

Fluoride	\$0
----------	-----

### Minor Restoration Services

Routine fillings	20% Coinsurance after Deductible
------------------	----------------------------------

Plastic and steel crowns	20% Coinsurance after Deductible
--------------------------	----------------------------------

Simple extractions	20% Coinsurance after Deductible
--------------------	----------------------------------

### Oral Surgery Services

Surgical tooth extractions	20% Coinsurance after Deductible
----------------------------	----------------------------------

### Periodontics

Treatment of gum disease	20% Coinsurance after Deductible
--------------------------	----------------------------------

Scaling and root planing	20% Coinsurance after Deductible
--------------------------	----------------------------------

### Endodontics

Root canal therapy	20% Coinsurance after Deductible
--------------------	----------------------------------

### Major Restoration Services

Gold or porcelain crowns	50% Coinsurance after Deductible
--------------------------	----------------------------------

Bridges	50% Coinsurance after Deductible
---------	----------------------------------

### Removable Prosthetic Services

Full upper and lower dentures	50% Coinsurance after Deductible
-------------------------------	----------------------------------

Partial dentures	50% Coinsurance after Deductible
------------------	----------------------------------

Relines	50% Coinsurance after Deductible
---------	----------------------------------

Rebases	50% Coinsurance after Deductible
---------	----------------------------------

### Nitrous oxide (Not subject to or counted toward the Deductible or Benefit Maximum)

Adults and children age 13 years and older	\$25
--	------

Children age 12 years and younger	\$0
-----------------------------------	-----

### Teledentistry

Telephone and video visits	\$0
----------------------------	-----

<b>Orthodontics</b>	Rider Available for Purchase
---------------------	------------------------------

<b>Implants</b>	Rider Available for Purchase
-----------------	------------------------------

Plan is subject to exclusions and limitations. A complete list of the exclusions and limitations is included in the Evidence of Coverage (EOC). Sample EOCs are available upon request, or you may go to [kp.org/plandocuments](https://kp.org/plandocuments).

---

**Questions? Call Member Services** (M-F, 8 am-6 pm) or visit [kp.org](https://kp.org). Portland area: 503-813-2000

All other areas: 1-800-813-2000. TTY, all areas: 711. Language Interpretation Services, all areas: 1-800-324-8010

---

This is not a contract. This benefit summary does not fully describe your benefit coverage with Kaiser Foundation Health Plan of the Northwest. For more details on benefit coverage, claims review, and adjudication procedures, please see your EOC or call Member Services. In the case of a conflict between this summary and the EOC, the EOC will prevail.